ZERO APPLIANCES

SERVICE REQUEST QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND EMAIL IT TOGETHER WITH THE PROOF OF PURCHASE TO

karen@zeroappliances.co.za

SHOP DETAILS

Shop Name:		**Branch Code:**	
Area:		**Telephone:**	
Contact Person:		**Email:**	

CUSTOMER DETAILS

Customer Name:		**Phone Number:**	
Customer Surname:		**Alternative Number:**	

PRODUCT DETAILS

Model:				**Serial number:**	
Date of Purchase:				**Unit Fault:**	

PLEASE ASK THE CUSTOMER THE FOLLOWING QUESTIONS

Please answer these questions truthfully
mark answer with a "X"

1 What is the unit being used on?	**ELECTRICITY**		**OR**	**GAS**		
2 Recent load shedding ?	**YES**		**OR**	**NO**		
2 Did the customer make sure the unit was 100% level?	**YES**		**OR**	**NO**		
3 How long did the unit run empty before loading?	**LESS**	**8HRS**	**9HRS**	**10HRS**	**LONGER**	
4 Did the customer follow the loading instructions as per the sticker inside the lid?	**YES**		**OR**	**NO**		
5 Is the unit in the shop?	**YES**		**OR**	**NO**		

THE FAULTY UNIT MUST BE IN THE SHOP AT THE TIME OF BOOKING

NO COLLECTION / REPAIR WILL BE DONE IF UNIT IS NOT IN THE SHOP

Contact Karen:	**010 207 1600**	**Email:**	karen@zeroappliances.co.za

Shop Manager: _____ **Date:** _____
Signature

Customer: _____
Signature